

**DEPARTMENT OF PUBLIC SAFETY**  
**DIVISION OF STATE POLICE**  
P.O. Box 2794 Middletown, CT 06457-9294

**Application for Private Detective or Security Service License**

**Check Type of License Desired:**

<b>Individual (including DBA)</b> <input type="checkbox"/> Private Detective <input type="checkbox"/> Private Detective Fire Investigator <input type="checkbox"/> Security Service	<b>Corporate (including LLC &amp; Inc.)</b> <input type="checkbox"/> Private Detective, Inc. <input type="checkbox"/> Private Detective Fire Investigator, Inc. <input type="checkbox"/> Security Service, Inc.
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**Applicant is:** ☐ Licensee ☐ Corporate Official ☐ Proprietary Licensee

**Personal information:**

Name of Applicant		Social Security #:		
Date of Birth	Place of Birth	Height:	Weight	Sex
Hair Color	Eye Color	Scars/Marks/Tattoos		Complexion
Firearms Permit No./State		Driver's License No./State		
Home phone		Business phone		
Address				

**Prior home addresses for past five years:** *(use additional paper if needed)*

**From                      To                      Street/City/Town/State/Zip**


**Employment history** — Begin with present or most current and working backwards, list all positions held which are necessary.  
*(Use additional paper if needed)*


**Statement of Citizenship:**

Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	If naturalized, detail when and where:
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Have you ever used any other name(s)? If so, list name(s) used: *(Use additional paper if needed)*

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<b>Education:</b> (Indicate highest degree received (Attach copy of high school diploma/GED certificate or college degree))		
Degree/Diploma <input type="checkbox"/> High School <input type="checkbox"/> Associate Degree <input type="checkbox"/> Baccalaureate Degree <input type="checkbox"/> Masters/Doctorate Degree <input type="checkbox"/> Other _____	Year Degree Awarded:	Name of College/University
<b>List any schools or courses which you believe qualifies you for the type of license applied for:</b> <i>(The commissioner of Public Safety may, at his discretion, substitute up to one year of experience upon proof of satisfactory participation in a course of instruction pertinent to the license applied for. (Attach additional sheets of paper as required).)</i>		
<b>Private Investigator Applicants: Does the applicant meet the minimum five years of <u>full time</u> investigative experience or ten years of experience as a police officer with a state or organized municipal police department?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If "No " Explain: <i>(Submit qualifying documentation)</i>		
<b>Security Applicants: Does the applicant meet the minimum five years supervisory experience under a licensed security agency or ten years as a police officer with a state or organized municipal police department?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    Explain: <i>(Submit qualifying documentation with application)</i>		
<b>Criminal and Motor Vehicle Record:</b> <b>Have you ever been arrested for a criminal offense?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, explain:		
Date/Place	Jurisdiction/Court	Charge
<b>Have you ever been arrested on a motor vehicle charge?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, explain:		
Date/Place	Jurisdiction/Court	Charge
<b>Military Service:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>( If "Yes" DD-214 or discharge must be attached)</i>		

Military branch or component	Highest Rank Attained	Type of Discharge
<b>Business Information:</b>		
Proposed Trade Name*	Address of Home Office	
Type Organization <input type="checkbox"/> Individual <input type="checkbox"/> Corporate	Date & Place of Incorporation (attach Certificate of Incorporation or Trade Certificate )	
Connecticut Addresses		Telephone Numbers
_____		_____
_____		_____
_____		_____
Branch Manager's Name:& D.O.B.		_____
_____		_____

\* Subject to approval by the Commissioner of Public Safety.

<b>Names, addresses, dates of birth, and proposed titles of all corporate officials:</b> (use additional paper if necessary)

<b>Are you currently licensed as a private investigator/security service in any other state ?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No      If "Yes," Explain:			
State	Lic. Number	Type of License	Date License Expires

<b>You must submit the following items with this application.</b> (Use check boxes to indicate items are attached. Incomplete packages will be returned)
3.

☐ Two photographs (2" x 2" w/mandatory blue background)

☐ DD-214 or military discharge documentation  
(for LICENSEE only, and if appropriate)

☐ Verification from State Agency

☐ High school diploma/ GED cert. or college degree

☐ Documentation of employment

☐ Credit bureau report

☐ Copy of Motor Vehicle Driver's License

☐ Trade name, LLC or Incorporation papers.

☐ Two fingerprint cards - 1 green ( state card) with \$ 25.00 payable to Commissioner of Public Safety and 1 blue (FBI card) with \$24.00 payable to the Commisioner of Public Safety. Submit prints with bank or postal money order only. **NO CASH.**

☐ Motor vehicle abstract for LICENSEE only, for the past five years. Obtain the abstract from the motor vehicle licensing agency in the state of the licensee's residence for the past five years.

☐ Also required are four letters of personal reference, LICENSEE ONLY. These letters of reference must be original letters and must be sent directly from the author to the Special Licensing & Firearms Unit. FORM LETTERS ARE NOT ACCEPTABLE AND WILL BE RETURNED.

**Corporate Applicants: Submit this application( DPS-366-C) along with:**

☐ Two fingerprint cards - 1 green ( state card) with \$ 25.00 payable to Commissioner of Public Safety and 1 blue (FBI card) with \$24.00 payable to the Commisioner of Public Safety. Submit prints with bank or postal money order only. NO CASH.

☐ Two photographs (approximately 2" x 2" mandatory blue background)

**Proprietary Applicants:**

☐ Submit only the DPS-366-C – **NO FEES OR ADDITIONAL DOCUMENTATION REQUIRED.**

***Applications must be complete.***

**Authorization for Release of Personal Information**

All of the information on this application must be verifiable or it will not be considered for licensing. False, misleading or omitted information may be the basis for denial of a license. "Any person who violates any provision shall be fined not more than \$5,000.00 or imprisoned for not more than one year or both."

STATE OF

\_\_\_\_\_  
(Signature of Applicant)

SS

\_\_\_\_\_  
Date of Oath

COUNTY OF: \_\_\_\_\_

PERSONALLY APPEARED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Signer of the foregoing application and made oath of truth of matters contained before me.

\_\_\_\_\_  
Notary Public, Justice of Peace or Commissioner of Superior Court